

Name  
in  
Full

Etta M. Akers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chester town</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>14</i>	Age <i>35</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Lewis Anne C.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Chester town, Md.</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Dont Akers</i>				
Father's Name <i>Wm E. Edwards</i>	Father's Birthplace <i>Lewis Anne C.</i>				
Mother's Maiden Name <i>Mary E. Kennedy</i>	Mother's Birthplace <i>Kent Co. Md</i>				
Name of person giving Information <i>Mary E. Edwards</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>nephritis</i>	How long <i>some time</i>
Immediate <i>urmic poisoning</i>	How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank B. Harris</i>
	Address <i>Chester town Md</i>
Accident or Suicide <i>no</i>	

Union Cemetery  
Chesapeake

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>James H Blake</i>		Town <i>Near Chester</i>		County <i>Kent.</i>		State <i>MARYLAND</i>	
Died at		Month <i>May</i>		Day <i>12</i>		Years <i>58</i>	
Date of death <i>1909 May 12</i>		Age <i>58</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black.</i>		Birth-place <i>Chester Md</i>			
Occupation <i>Barber.</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Blake.</i>		Father's Birthplace <i>Chester Md</i>					
Mother's Maiden Name <i>Sarah B. Wilson</i>		Mother's Birthplace <i>Kent Co Md.</i>					
Name of person giving Information <i>Sarah B. Warren</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

27

Primary <i>Consumption Lung</i>	How long <i>8 yrs.</i>
Immediate <i>Heart failure</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Howard Md</i>
Address <i>Chester Md</i>	
Accident or Suicide <i>—</i>	

PHYSICIAN  
OR CORONER

James M E Leventon  
near town

Charlwood

Name  
in  
Full

Bessie Boyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Near Goltz Town Henri County MARYLAND

Date of death 1909 Month May Day 17 Age 7 Years 6 Months 16 Days

Sex Female Color or Race Colored Birth-place Near Goltz

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name

George W. Higgins

Father's Birthplace

Baltimore

Mother's Maiden Name

Williamer Boyer

Mother's Birthplace

Near Goltz

Name of person giving Information

Williamer Boyer

How related to deceased

Cold

## CAUSES OF DEATH

Primary

Grip

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

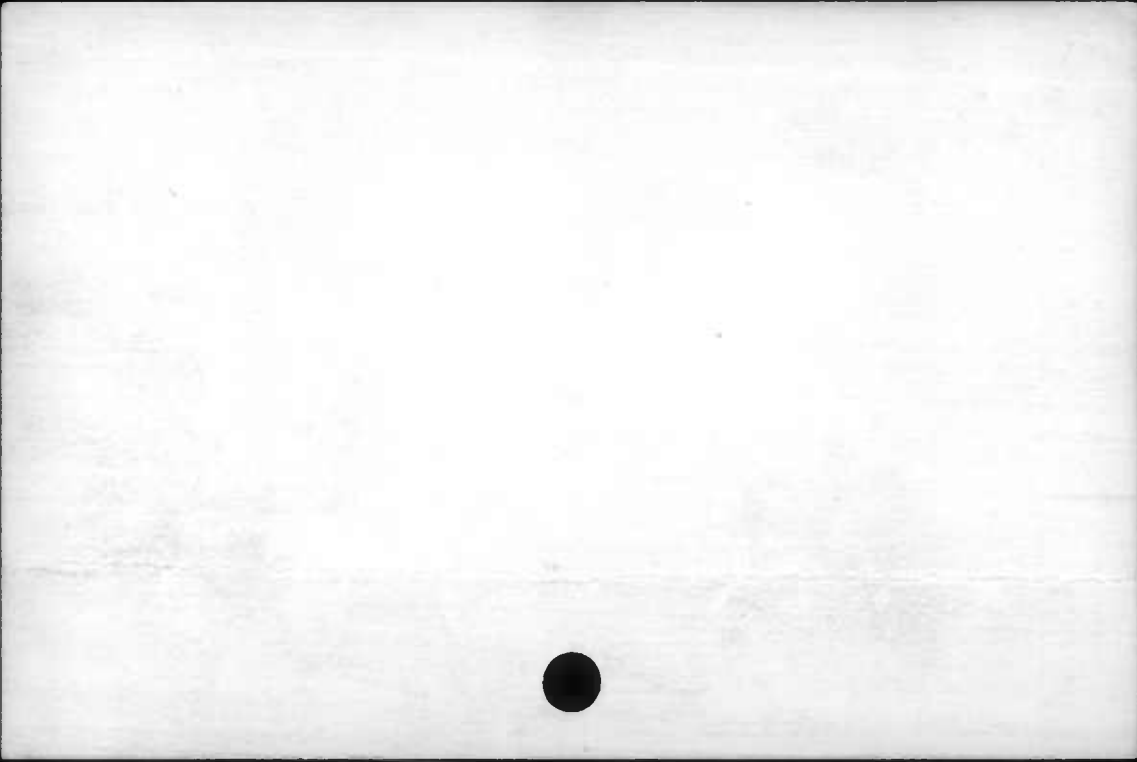
Signature of Physician

PM Mone  
Sassopro

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in Full

*Marguerite Candy,*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Chester*

Town

County

*Kent.*

MARYLAND

Date of death *1909. May.*

Month

Day

*28.*

Age

Years

*1*

Months

*6*

Days

Sex

*Female.*

Color or Race

*Black.*

Birth-place

*Chesterland*

Occupation

*none.*

Where Residing if not at place of death

Married, Single or Widowed

*Single.*

Name of Wife or Husband

*✓*

Father's Name

*Charley Candy.*

Father's Birthplace

*Chesterland*

Mother's Maiden Name

*Ladie Granger.*

Mother's Birthplace

*Chesterland*

Name of person giving Information

*Charley Candy.*

How related to deceased

*Father*

CAUSES OF DEATH

*27*

Primary

*Consumption Lung.*

How long

*8 months.*

Immediate

*Chesterland*

How long

*3 months*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*W. W. Hubbard M.D.  
Chesterland*

PHYSICIAN  
OR CORONER

Accident or Suicide

James M E Cemetery

Chas H Dodd



Name  
in  
Full

Francis X. Gaulk.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Sassafras</i>		Town		County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>5</i>	Day	<i>6</i>	Age	<i>2</i>
Sex		Female		Color or Race		White	
Occupation				Birth-place		Md	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Fletcher Gaulk		Father's Birthplace		Md	
Mother's Maiden Name		Marie W. Williamson		Mother's Birthplace		Pa	
Name of person giving information		Fletcher Gaulk		How related to deceased		Father	

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid mesenterica</i>	How long	<i>8 wks.</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Chas. A. Ritchie	
Address		Middle town, Del.	
Accident or Suicide?		-	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Laura Jane Handy* Town *Galena* County *Kent*

Died at *Galena*

Date of death *1909* Month *5* Day *1* Age *5-9* Years *5-9* Months *6* Days

Sex *Female* Color or Race *African* Birth-place *Ind.*

Occupation *House-Servant* Where Residing if not at place of death *Philada., Pa.*

Married, Single or Widowed *Widowed* Name of Wife or Husband *James Handy*

Father's Name *Moses Nichols* Father's Birthplace *Ind.*

Mother's Maiden Name *Mary Ann Lummie* Mother's Birthplace *Ind.*

Name of person giving information *Mary A. Fichtman* How related to deceased *Sister*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Chronic Valvular heart disease* How long *Can't Answer*

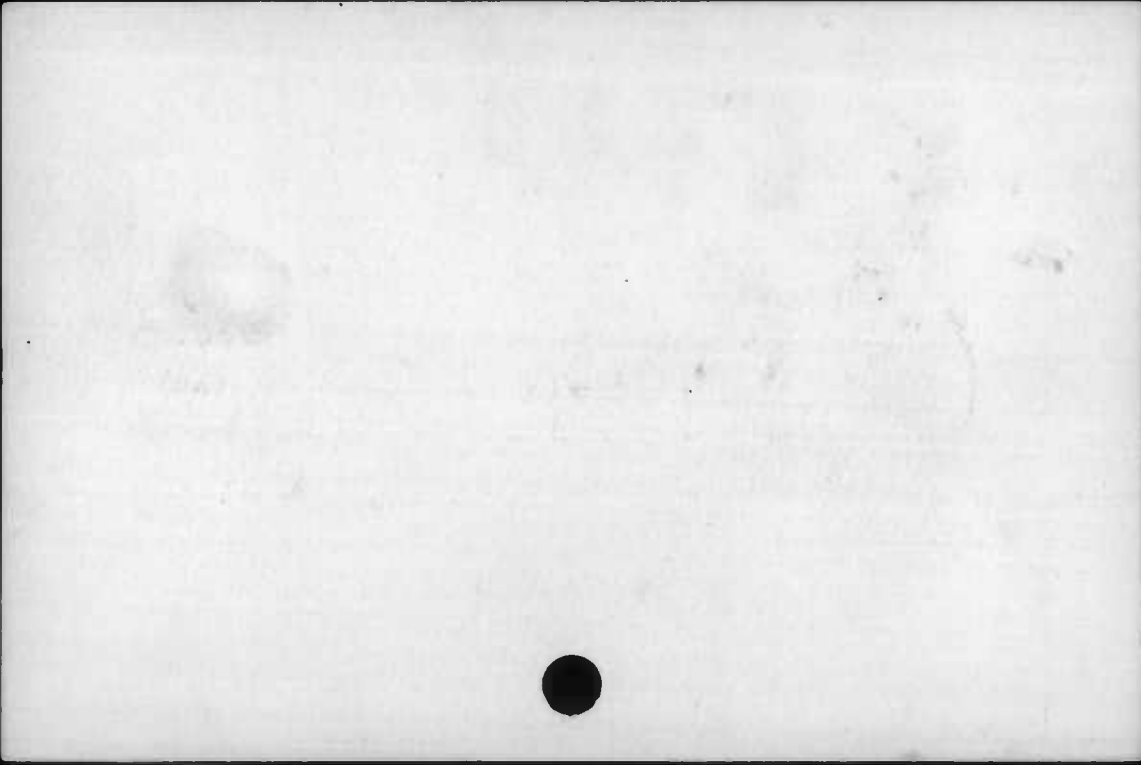
Immediate *heart-failure* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Wm. Salinger,*

Address *Galena, Ind.*

Accident or Suicide?



Name  
in  
Full

Margaret S. Janvier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

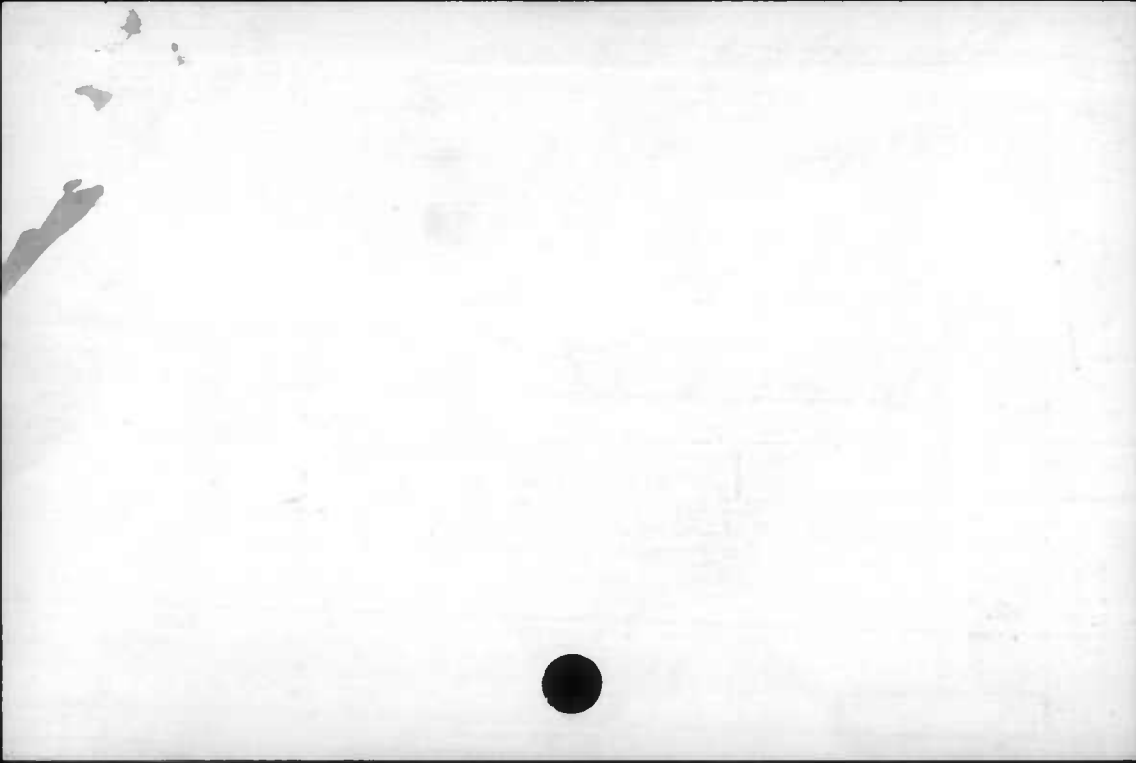
Died at near Worton Stent MARYLAND  
 Town County  
 Date of death 1908 May 28 Age 65 Months - Days -  
 Sex female Color or Race white Birth-place md  
 Occupation House wife Where Residing if not at place of death —  
 Married, Single or Widowed widow Name of Wife or Husband Edwin P. Janvier  
 Father's Name W<sup>m</sup> M. Semmill Father's Birthplace md  
 Mother's Maiden Name Margaret Sutton Mother's Birthplace md  
 Name of person giving Information Oliver Semmill How related to deceased Sister

## CAUSES OF DEATH

41

PHYSICIAN  
OR CORONER

Primary Carcinoma of the Rectum. How long 3 years.  
 Immediate Heart Failure. How long  
 Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician Wm. S. Maxwell.  
 Address Still Pond. Md.  
 Accident or Suicide



Name  
in  
Full

George Thomas Kendall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Near Rock Hall <sup>County</sup> Kent MARYLAND  
 Date of death 1909 <sup>Month</sup> May <sup>Day</sup> 14<sup>th</sup> Age 5-9 <sup>Years</sup> <sup>Months</sup> — <sup>Days</sup> —  
 Sex Male Color or Race White Birth-place Kent-co. Md.  
 Occupation Waterman Where Residing if not at place of death  
 Married, Single or Widowed Widower Name of Wife or Husband Martha J. Kelley  
 Father's Name Thomas Kendall Father's Birthplace Maryland  
 Mother's Maiden Name Sarah R. Scoone Mother's Birthplace Maryland  
 Name of person giving Information Howard Kendall How related to deceased Son

## CAUSES OF DEATH

120

Primary Chronic Bright Disease

How long

Immediate Exhaustion

How long

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

 W. H. Beall M.D.  
 Rock Hall Md.

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Marcia M. Kirby

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cliffs</u> <sup>Town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND	
Date of death <u>1909</u> <sup>Month</sup> <u>May</u> <sup>Day</sup> <u>19</u> <sup>Years</sup> <u>Age</u> <u>21</u> <sup>Months</sup> <u>9</u> <sup>Days</sup> <u>9</u>					
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>at home</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Robt. S. Kirby</u>				
Father's Name <u>Moses Sagg</u>	Father's Birthplace <u>Kent Co.</u>				
Mother's Maiden Name <u>Emma Berger</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving Information <u>Robt S Kirby</u>		How related to deceased <u>Husband.</u>			

CAUSES OF DEATH

27

PHYSICIAN  
OR CORNER

Primary <u>Phthisis Pulmonalis</u>	How long <u>do not know - 1st of my treatment</u> <sup>Oct. 2-08</sup>
Immediate <u>" pregnancy</u>	How long <u>since Oct - 08</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W Benge Swinson</u>
	Address <u>Chester town Ind</u>
Accident or Suicide <u>no.</u>	

Robert Benedict

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Chadwick

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Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Minnie Legg*

Died at *Rock Hall* <sup>Town</sup> *Kent Co.* <sup>County</sup> **MARYLAND**

Date of death *1909* <sup>Year</sup> *May* <sup>Month</sup> *13* <sup>Day</sup> Age *61* <sup>Years</sup> *0* <sup>Months</sup> *10* <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *Baltimore*

Occupation *Housewife* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Married* Name of Wife or Husband *John Legg*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Howard Legg* How related to deceased *Son*

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

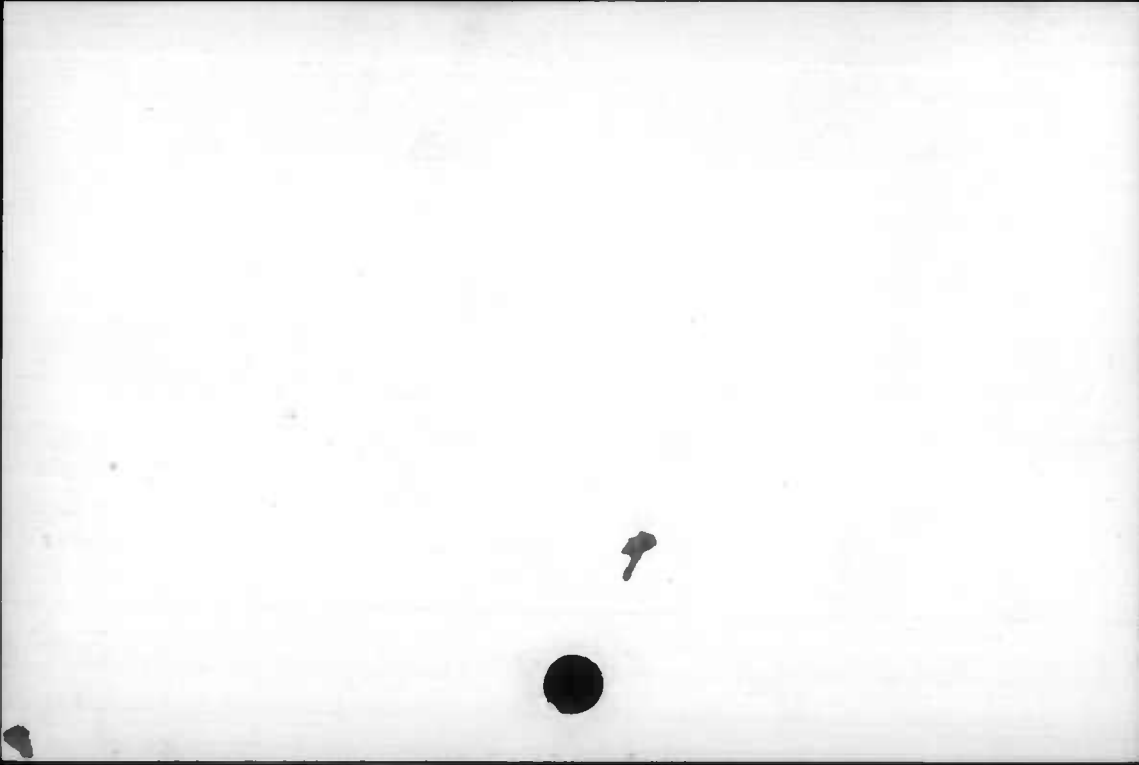
Primary *Paralysis* How long *6 weeks*

Immediate *Exhaustion* How long *One day*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Walter Kelly*

Address *Rock Hall, Md.*

Accident or Suicide



Name  
in  
Full

Harnett May Sealeater

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Chestertown <sup>County</sup> KentDate of death 1909 <sup>Month</sup> May <sup>Day</sup> 28 <sup>Years</sup> Age <sup>Months</sup> 5 <sup>Days</sup> 15Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> ChestertownOccupation Infant <sup>Where Residing if not at place of death</sup> ChestertownMarried, Single or Widowed Infant <sup>Name of Wife or Husband</sup>Father's Name James Sealeater <sup>Father's Birthplace</sup> Kent Co.Mother's Maiden Name Maggie Burris <sup>Mother's Birthplace</sup> Queen AnnsName of person giving Information James Sealeater <sup>How related to deceased</sup> Father

## CAUSES OF DEATH

105

Primary Entera Colitis <sup>How long</sup> 4 daysImmediate Entera Colitis <sup>How long</sup> 4 days

Are the name, age, sex, color, data and place correctly given above? yes.

Signature of Physician A. Denge Simmons

No, <sup>Address</sup> Chestertown

Accident or Suicide

Chester Cemetery.

Name  
in  
Full

Not Named

Murray  
County  
Kent,

CERTIFICATE OF DEATH

MARYLAND

Died at

Charleston  
Town

Date

of death 1909 May

Day

13

Age

Years

Months

2 hours

Sex

Male

Color or  
Race

Black

Birth-  
place

Charleston W.D.

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

✓

Name of Wife or  
Husband

—

Father's  
Name

Henry Murray

Father's  
Birthplace

Kent Co Md

Mother's  
Maiden Name

Ellen Smith

Mother's  
Birthplace

Charleston

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

176

Primary

Concussion Brain due to fall from 2nd floor

How long

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

E. W. Wheland M.D.  
Charleston W.D.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James M E Leeming  
New town

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Chas R. Dodge



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>M. Matilda Numbers</i>		Town <i>Millington</i>		County <i>Keokuk</i>		State <i>MARYLAND</i>	
Died at <i>Millington</i>		Month <i>May</i>		Day <i>22</i>		Years <i>67</i>	
Date of death <i>1909 May 22</i>		Age <i>67</i>		Months <i>1</i>		Days <i>11</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Centerville Md</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Thomas Numbers</i>					
Father's Name <i>J Wesley Jarman</i>		Father's Birthplace <i>Caroline Co,</i>					
Mother's Maiden Name <i>Elizabeth Parrot</i>		Mother's Birthplace <i>Caroline Co</i>					
Name of person giving Information <i>Miss Annie Talbot</i>		How related to deceased <i>daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Menigitis (Traumatic)</i>	How long <i>12 days</i>
Immediate <i>Paralysis - Coma</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes,</i>	Signature of Physician <i>L P Gorman MD</i>
Address <i>Millington Md</i>	
Accident or Suicide <i>Accident</i>	(over)

Fell on sidewalk, jerking head violently  
backwards.

Name  
in  
Full

Margaret Pennington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Chester town		County Kent		MARYLAND	
Date of death		Month 1909 May	Day 24	Years about 77	Months Jan	Days Kent Ky	
Sex Woman		Color or Race White		Birth-place Earleville - Cecil Co. Md.			
Occupation Laboring for livelihood				Where Residing if not at place of death Died at her home in Chester town Md.			
<del>Married</del> Single Widowed		Name of Wife or Husband Leonard Pennington		Father's Birthplace Cecil Co - Md			
Father's Name John Jones		Mother's Maiden Name Mary Ford		Mother's Birthplace do " do			
Name of person giving Information Leana Jones -				How related to deceased - Sister			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Bright's Disease	How long 10 or 12 years
Immediate	Uraemia + gradually failing heart	How long 3 months -
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Harry L. Doose
		Address Chester town; Md
Accident or Suicide		

My dear

Kennedyville  
M P C Lumbering  
C L Dodd

Name  
in  
Full

William Rasin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Melatota</u> <sup>Town</sup>		<u>Kent.</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>9</u> <sup>Month</sup> <u>May</u> <sup>Day</sup>	<u>21</u> <sup>Day</sup>	Age <u>1</u> <sup>Years</sup>	<u>5</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Melatota Md.</u>
Occupation	<u>None</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>None</u>			
Father's Name	<u>Samuel Rasin</u>			Father's Birthplace	<u>Melatota Md.</u>
Mother's Maiden Name	<u>Martina Boyer</u>			Mother's Birthplace	<u>Melatota Md.</u>
Name of person giving Information	<u>Samuel Boyer</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

36

Primary	<u>Congenital Aneurysm</u>	How long	<u>15 months</u>
Immediate	<u>Exhaustion</u>	How long	<u>8 months</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>B. W. Wheland M.D.</u>
Address		<u>Melatota Md.</u>	
Accident or Suicide <u>—</u>			

PHYSICIAN  
OR CORONER

Hicks

Melilota

Name  
in  
Full

Robert Junior Rawlins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Still Pond</u> <sup>Town</sup>		<u>Stent</u> <sup>County</sup>		MARYLAND							
Date of death	1909	Month	May	Day	4	Age	—	Months	5	Days	8
Sex	Male		Color or Race	Black		Birth-place	Md.				
Occupation	—					Where Residing if not at place of death	—				
Married, Single or Widowed	Single		Name of Wife or Husband		—						
Father's Name	Robert Rawlins					Father's Birthplace	Md.				
Mother's Maiden Name	Edie Freeman					Mother's Birthplace	Md.				
Name of person giving Information	Robert Rawlins					How related to deceased	father				

## CAUSES OF DEATH

93

Primary	Pneumonia	How long	a week
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	W.S. Maxwell.
		Address	Still Pond, Md.
Accident or Suicide			

PHYSICIAN  
OR CORONER

Still Pond



Name  
in  
Full

Hannoh Smith

## CERTIFICATE OF DEATH

MARYLAND

Died at

Edesville

County

Kent-

Date

of death

1909

Month

May

Day

6

Age

Years

54

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
placeKent-C<sup>o</sup>-Ma

Occupation

House Work

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Wesley Smith-

Father's  
Name

Peter

Tihlanan

Father's  
BirthplaceKent-C<sup>o</sup>-MaMother's  
Maiden Name

Not-

Known

Mother's  
Birthplace

Unknown

Name of person giving  
Information

John Boyer

How related  
to deceased

Son

## CAUSES OF DEATH

66

Primary

Hemiplegia

How long

12 days

Immediate

Exhaustion

How long

12 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. H. Schwatka M.D.

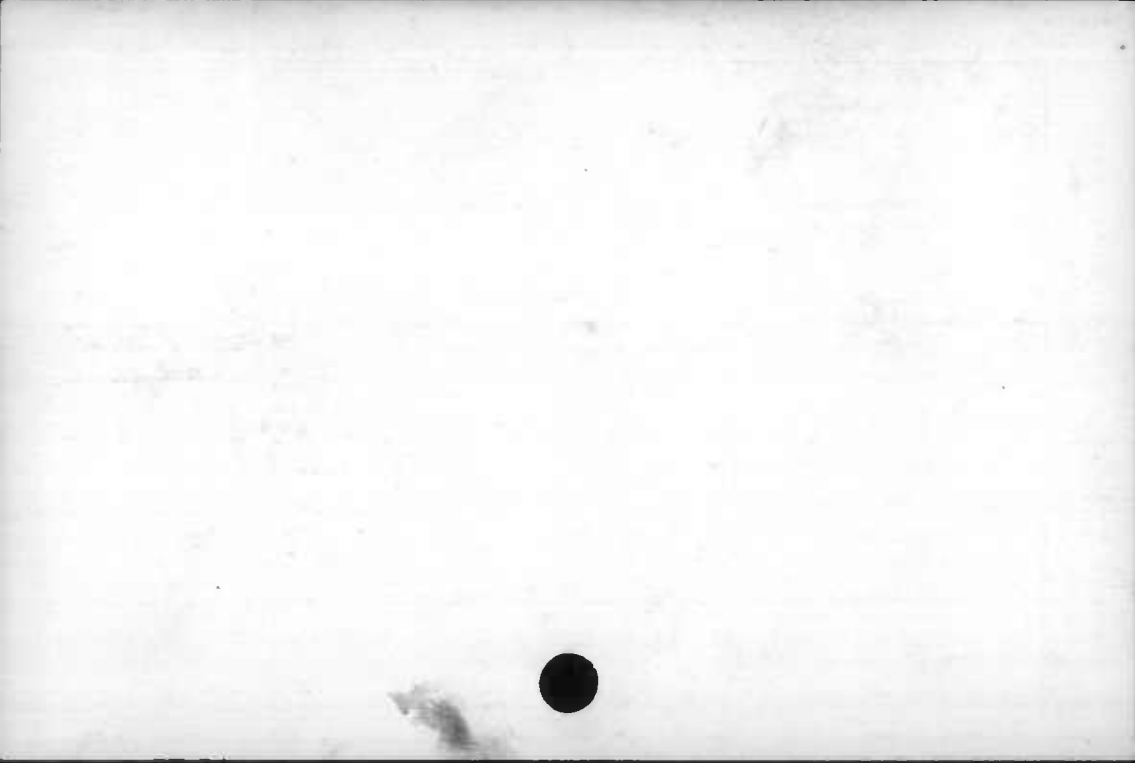
Address

Rock Hall  
Maryland

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel Spencer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Golts <sup>County</sup> Kent **MARYLAND**

Date of death 1909 <sup>Month</sup> May <sup>Day</sup> 27 Age <sup>Years</sup> 45 <sup>Months</sup> <sup>Days</sup>

Sex male Color or Race Colored Birth-place near Golts

Occupation Woods Worker Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary Spencer

Father's Name Isaac Spencer Father's Birthplace Millington

Mother's Maiden Name Elizzie ~~Spencer~~ Thompson Mother's Birthplace near Golts

Name of person giving Information Annie Pearson How related to deceased

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary Killed by mule

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

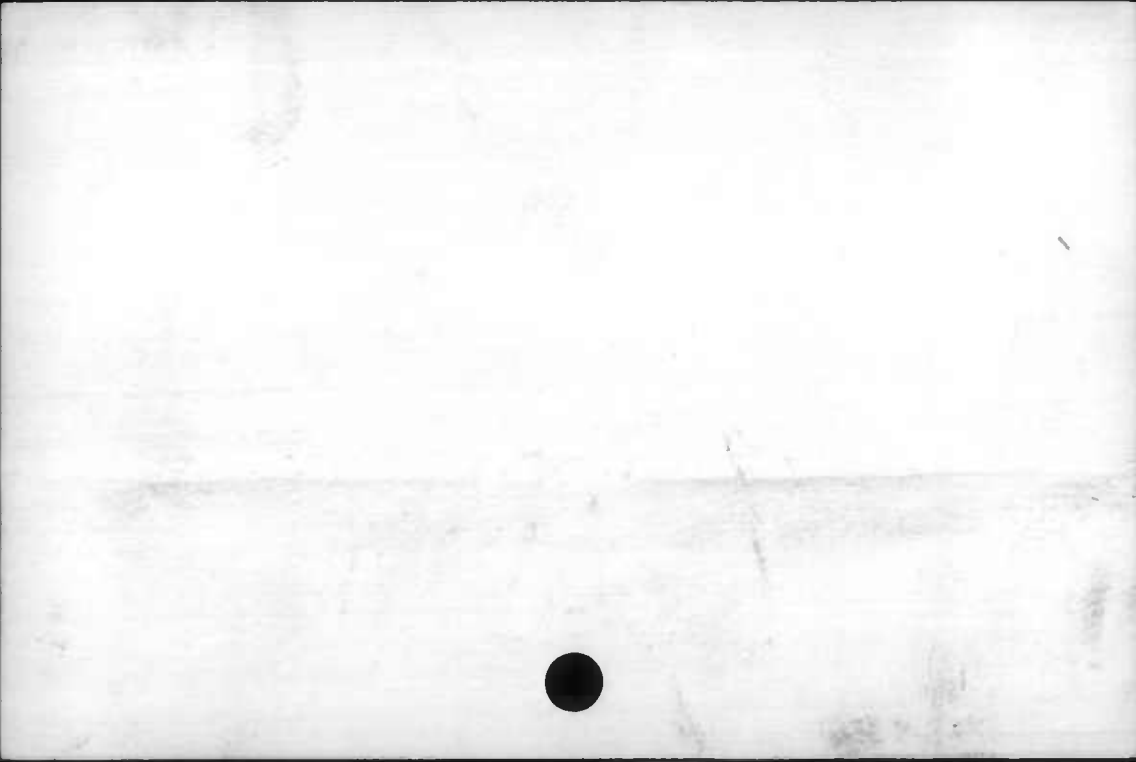
Signature of Physician

P. M. Money

Address

Sassafras Md

Accident or Suicide



Name  
in  
Full

Maggie Sullivan

## CERTIFICATE OF DEATH

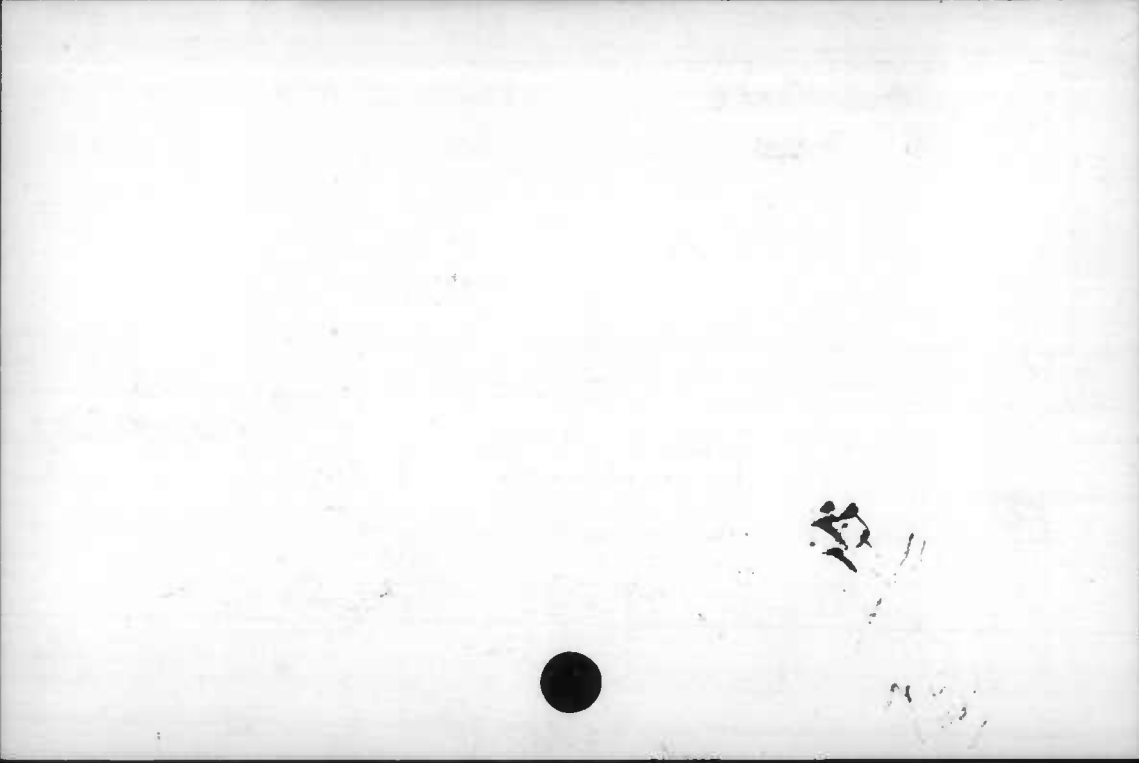
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Rock Hall</i>		<sup>County</sup> <i>Kent</i>		MARYLAND	
Date of death	1909	Month	<i>May</i>	Day	<i>1</i>
Age	<i>48</i>		Months	<i>—</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>House work</i>		Birth-place	<i>Virginia</i>	
Married, Single or Widowed		Where Residing if not at place of death			
<i>Married</i>		<i>John Sullivan</i>			
Father's Name		Name of Wife or Husband		Father's Birthplace	
<i>Not Known</i>		<i>John Sullivan</i>		<i>Unknown</i>	
Mother's Maiden Name		Mother's Birthplace		How related to deceased	
<i>Not Known</i>		<i>Unknown</i>		<i>None</i>	
Name of person giving Information		<i>Ellen Willison</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of Uterus</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 months</i>
Are the name, age, sex, color, data and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. H. Schwartz</i>
Accident or Suicide	<i>no</i>	Address	<i>Rock Hall Kent Co Md</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Marysville</i>		County <i>Cent</i>		MARYLAND	
Date of death 190 <i>9</i>	Month <i>May</i>	Day <i>17</i>	Years <i>34</i>	Months <i>3</i>	Days <i>19</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Still Pond</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>husband's Elwood Taylor</i>				
Married, <del>Single</del> <del>or Widowed</del>	Name of <del>Wife</del> or Husband <i>Josephine Taylor</i>				
Father's Name <i>Joseph Rulley</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>Emma J Chapman</i>	Mother's Birthplace <i>Laurie</i>				
Name of person giving Information <i>Emma J Chapman</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Cronic Indigestion</i>	How long <i>Not Known</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>as far as possible</i>	Signature of Physician <i>J H McElary</i>
	Address <i>Kennedyville Md</i>
Accident or Suicida <i>— — —</i>	

Hicke,

Quaker Cemetery.



Name  
in  
Full

Anna Christiana Thompson

CERTIFICATE OF DEATH

Died at Rock Hall Kent MARYLAND

Date of death 1909 May 2 Age 5-0- Months — Days —

Sex Female Color or Race White Birth-place Bellinona Md

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Charles Thompson

Father's Name Jacob Hurst Father's Birthplace Germany

Mother's Maiden Name Not Known Mother's Birthplace Not Known

Name of person giving information Charles Thompson How related to deceased Husband

CAUSES OF DEATH

179

Primary General debility How long 6 months

Immediate Exhaustion How long One day

Are the name, age, sex, color, date and place correctly given above? Yes.

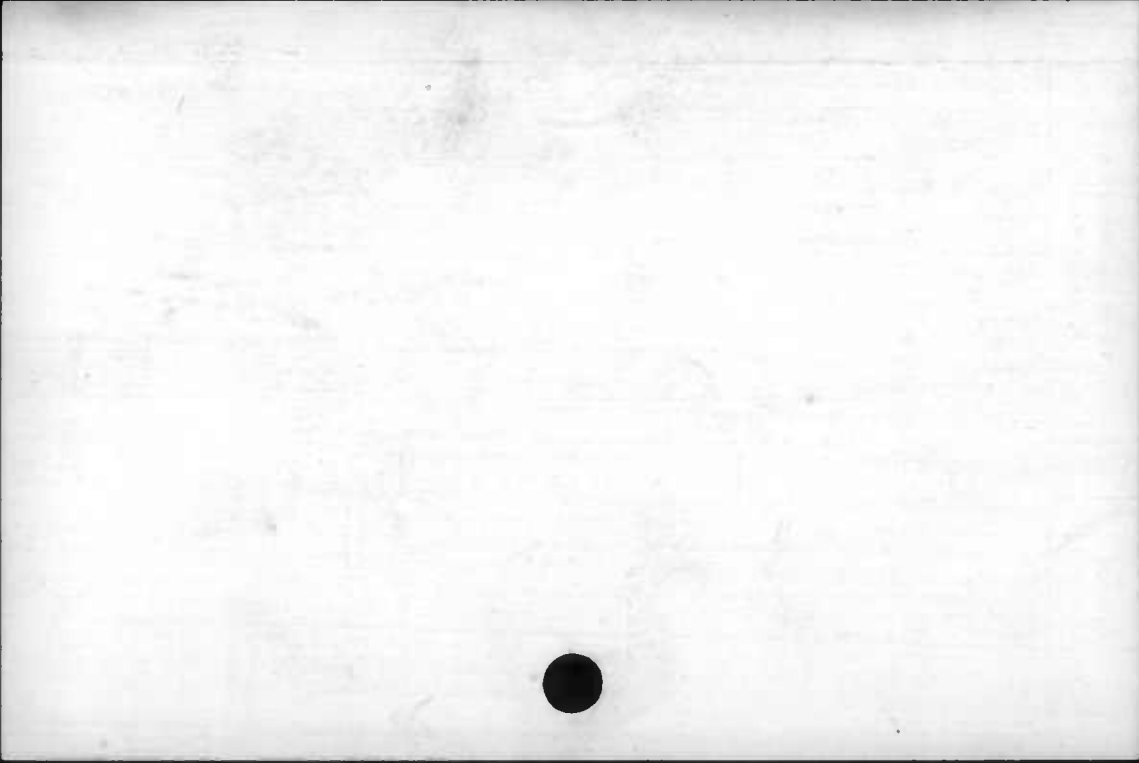
Signature of Physician H. C. Selby M.D.

Address Rock Hall Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

Samuel Lamb Usilton

Died at Rock Hall

Town

County

Kent

MARYLAND

Date

of death

1909 May

Month

13

Day

Age

Years

80

Months

4

Days

7

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Carpenter

Where Residing if not  
at place of death

At Place of Death

Married, ~~Single~~~~and Widowed~~Name of Wife or  
~~Husband~~

Eliza J Plummer

Father's  
Name

Robert Usilton

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary Lamb

Mother's  
Birthplace

Maryland

Name of parson giving  
Information

C.A. Usilton

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Valvular Heart Disease

How long

One year

Immediate

Exhaustion

How long

One week

Are the name, age, sex, color, data  
and place correctly given above?

yes

Signature of  
Physician

K.H. Schuyler M.D.

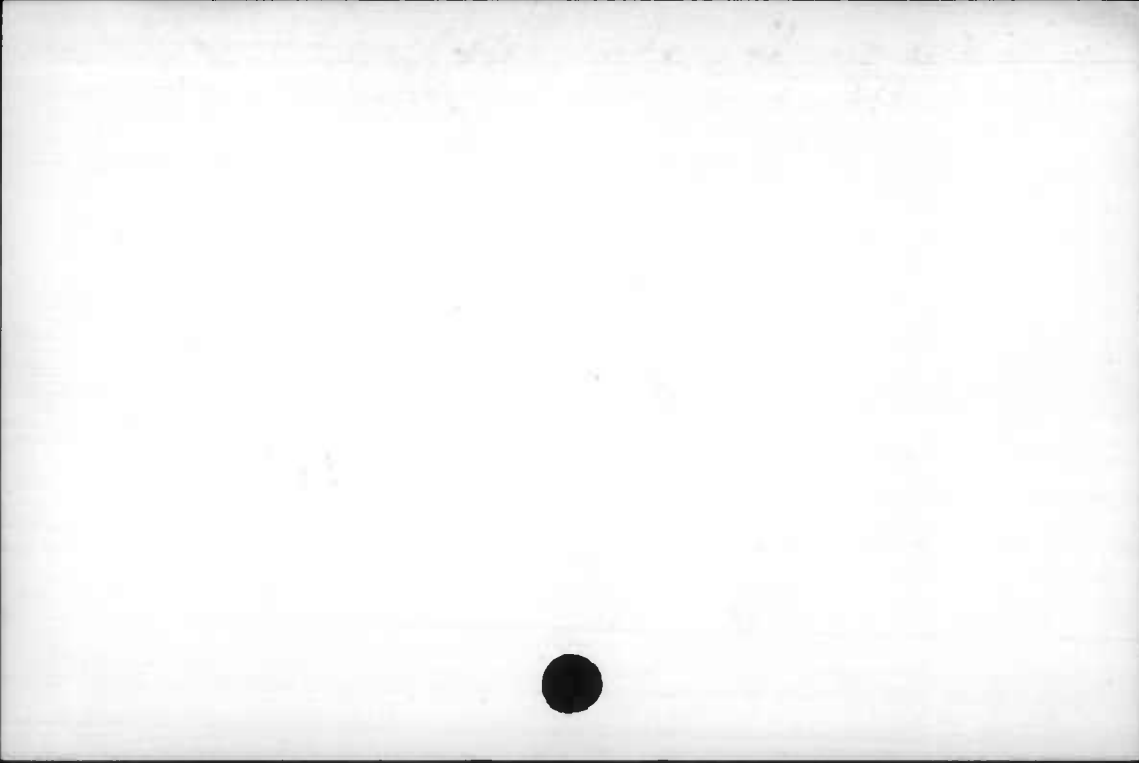
Address

Rock Hall Md

Accident or Suicide

no

79



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Still Pond

Town

County

Kent

MARYLAND

Date

of death 1909

Month

May

Day

3

Age

Years

2

Months

4

Days

8

Sex

male

Color or  
Race

Black

Birth-  
place

Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Thomas a White

Father's  
Birthplace

Md

Mother's  
Maiden Name

Carrie Johnston

Mother's  
Birthplace

Md

Name of person giving  
Information

Julie White

How related  
to deceased

Aunt.

## CAUSES OF DEATH

93

Primary

Pneumonia.

How long

a few days.

Immediate

Heart-failure.

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

W.S. Maxwell.

Address

Still Pond, Md.

Accident or Suicide

PHYSICIAN  
OR CORNER

Still Pond

Name  
in  
Full

Thomas A White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at	near Still Pond	County	Stent	MARYLAND				
Date of death	1909	Month	May	Day	8			
		Years	Age	39	Months	11	Days	8
Sex	Male	Color or Race	Black	Birth-place	Md			
Occupation	Laborer		Where Residing if not at place of death				—	
Married, Single or Widowed	Married	Name of Wife or Husband	Carrie Johnston					
Father's Name	James White		Father's Birthplace	Md				
Mother's Maiden Name	Eliza Hopkins		Mother's Birthplace	Md				
Name of person giving Information	Joseph White		How related to deceased	Brother				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis.	How long	two months.
Immediate	Heart failure,	How long	
Are the name, age, sex, color, data and place correctly given above?	yes,	Signature of Physician	W. S. Maxwell,
		Address	Still Pond, Md.
Accident or Suicide			

Still Pond



Name  
in  
Full

Mary Emma Wright

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		May	5	62		11	15
Sex		Color or Race		Birth-place			
Female		White		New Jersey			
Occupation		Where Residing if not at place of death					
Housewife		Chestertown Md					
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name		Father's Birthplace					
John Wright		New Jersey					
Mother's Maiden Name		Mother's Birthplace					
Ella Mansbury		New Jersey					
Name of person giving Information		How related to deceased					
Stephen E. Ford		Cousin					

## CAUSES OF DEATH

98

PHYSICIAN OR CORONER	Primary	Anthrax - Heart Disease		How long	Several Yrs.
	Immediate	Pneumonia, Pulmonary		How long	Two days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	Yes		Frank B. Hines M.D.		
Address		Chestertown			
Accident or Suicide		No		Md	

North East

